

## THE

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## CASE OF RENAL DROPSY.

From Prof. Dunglison's Clinic, November 23, 1844.

THE lecturer observed, that he had been fortunate in being able to present already two cases of this affection, whereas during the last entire course he was unable to exhibit a single case.

The class would remember, that in the introductory lecture to the clinical course some observations were made on the value of attending to the secretions, especially the renal, as a means of studying disease, and that the indications derived from it, in certain dropsical affections, are of much importance. The urine exhibited on that occasion, as containing albumen in considerable quantity, was voided by the patient now before them.

Sarah C., æt. 44, entered the hospital under symptoms of effusion into the thoracic and abdominal cavities, and of anasarca. The feet and legs were much swollen at the time, and they have increased since. On examination, the urine was found to contain a large proportion of albumen. She had received the usual treatment for dropsy, but experienced only temporary relief; the hydropic accumulation still persisting to a varying extent. In this case, the lecturer observed, we have another example of transudation, but instead of blood, as in patients whose cases were described in the last lecture, it consists of the watery portions of that fluid. All the local phenomena of dropsy are present, the part is swollen and pits on pressure. It is what may be termed hydropic, in contra-distinction to other transudations.

It was before remarked, that dropsical effusions may be dependent either on a loss of balance between the exhalants and absorbents of a part, or on some mechanical impediment, or disturbance in circulation, dependent upon a morbid condition of certain of the abdominal viscera. That obstruction to, or disturbance in, the circulation, may give rise to a transudation of the more fluid portions of the blood, is shown by the frequent occurrence of dropsy of the peritoneum, as a result of hepatic condensation or enlargement, whereby the blood is prevented from passing freely through the portal vessels—as a result of enlargement of the spleen, as after repeated attacks of intermittent fever, and of morbid conditions of the heart and kidney. In the case before the class, the dropsy is dependent upon disturbance of the circulation, produced by renal disease. The kidney, as is well known, consists of two distinct portions; one of these, the cortical, has for its functions the

secretion of the urine; the other, the tubular, that of conducting the urine to the pelvis of the kidney. In the peculiar morbid state under consideration, there is an alteration in the structure of the cortical or secreting portion of the viscus, which assumes a granular appearance, and has hence been called "granular disease of the kidney," or "Morbus Brightii," after the individual who first drew attention to it. In consequence of this organic change in the great secreting organ, the circulation is disturbed, and as a result of this, effusion takes place into the cellular tissue and into the serous cavities.

This case is one of general dropsy, for there is not only a collection of fluid in the peritoneal sac, but in the general cellular tissue. The abdomen, you may perceive, continued the Professor, is greatly distended, but it does not follow that this distention is produced entirely by liquid. If percussion, indeed, be made over the anterior part of the abdomen, while the patient lies on her back, the sound is resonant—not flat as it would be if the cavity contained only liquid. This resonance is due to the presence of air in the intestines, which float on the surface of the water, and being now interposed between it and the parietes of the abdomen, give rise to the tympanitic or clear sound just referred to. That this is the case, may be proved by continuing the percussion over the abdomen on both sides to the spine, when the sound rendered will be found to become flat when the abdomen is struck over the seat of the liquid; and if the course of the percussion be changed, the resonance will increase until we reach the portion occupied by the intestines only. Should doubt, however, still exist as to the presence of fluid, the patient may be made to sit up, when the water will gravitate to the lower part of the abdominal cavity, where it may be detected by the flat sound on percussion, and the intestines will now occupy the upper portion of the abdomen and cause a clear sound to be rendered. Thus, by causing the water to change its position, we may acquire sure indications of its presence. But there is yet another mode of determining this by percussion. If the fingers of one hand be placed lightly in contact with the abdomen, and the opposite part be gently and quickly struck with the fingers of the other hand, a distinct sense of fluctuation may be perceived. In this case, as these signs are all present, we may unhesitatingly conclude that the patient has dropsy of the belly, or ascites.

[The lecturer here practised percussion over the abdomen, to establish the views he had expressed.]

In this and in almost every case, the dropsy must be considered merely as a symptom, the pathological cause of which is the important question to be determined. In addition to what has been termed the hydropic diathesis or tendency, there usually exists some cause, which, by producing disturbance or irregularity of the circulation, gives rise to the accumulation of the serous secretion. Disease of any of the solid visceræ may thus lay the foundation for local hyperæmia, and if the hydropic diathesis exist there will be dropsical accumulation.

Unfortunately the remedies in these cases are not potent, and our indications of treatment are restricted. If there be active dropsy dependent

upon too much action of the exhalants, bloodletting, by diminishing the amount of the circulating fluid, may promote absorption, and the fluid may be thus removed. It is in cases of this active character, that such marked benefit results from venesection, followed by other means that diminish the amount of the circulating fluid, such as diuretics, hydragogue cathartics, &c. But in the cases of dropsy that generally occur in eleemosynary institutions, the hydroptic tendency is so marked, and the patients of such broken-down habits, that venesection cannot often be resorted to, and therefore other agents must be sought. Generally, diuretics and cathartics are selected. These articles act both as revellents on the intestinal surface, and diminish the amount of the watery portions of the blood, which, as before stated, tends to increase the energy of absorption.

Jalap combined with the bitartrate of potassa; the pulvis jalapæ comp., of the Edinburgh Pharmacopœia, is much employed as a cathartic in dropsy. It produces copious watery evacuations, and the bitartrate is possessed at the same time of diuretic properties. Often, however, in consequence of morbid states of the intestinal tube, our remedies cannot be directed to that surface, and we are compelled to seek some other. By common consent the kidney is chosen, and diuretics are substituted for cathartics. Indeed, they must be regarded as the main agents prescribed in dropsy. But here again a difficulty arises in certain cases, as in the present. The kidney also is in a diseased, some think inflammatory, condition, which is probably the cause of the dropsy; and the question arises how far excitants can be safely employed, which act on that viscus?

In such cases, it is probable that mild renal excitants will not be injurious, and hence it is customary to administer an infusion of juniper berries, or a weak solution of bitartrate of potassa, singly or combined, as a common drink. With more propriety, perhaps, resort is had to small doses of squill and digitalis, which prescription the patient before the class is now taking. These and similar articles excite the secretion of the kidney, without stimulating the organ too much, and are often of decided benefit. At present, the patient is using the following pill:—R. Pulv. scillæ, pulv. digital.,  $\frac{aa}{3}$  gr. i.; ext. taraxaci, q. s. ut fiat pilula.

One of these to be taken three times a day. The pill has increased the flow of urine and lessened the force of the circulation, but it cannot be expected to effect any change in the organic lesion that causes the effusion; and so long as the cause remains, the effects will continue. The treatment mentioned will be pursued, and its results reported at some future time. No benefit, however, can be expected from any remedy.—*Philad. Med. Examiner.*

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*Use of the Forceps.*—In general it is a very good practical rule, and well calculated to prevent the rash and unwarrantable use of the forceps, “that the head of a child shall have rested six hours as low as the perineum, that is, in a situation which would allow of their application, before the forceps are applied, though the pains should have ceased during that time.”—ROBERT LEE.

**STRUCTURAL DISEASES OF THE INTESTINAL CANAL.—SCIRRUS  
OF THE STOMACH.**

From the Lectures of C. J. B. Williams, M.D., F.R.S.

We have now to consider what may be called the *structural diseases of the intestinal canal*. We have already glanced at many of the modes in which structural diseases take place from inflammatory action, both of the acute and chronic character; and we have had occasion to observe that many functional diseases arise in consequence of previously existing structural derangement, more particularly those diseases of structure that interfere with, and obstruct, the passage of the canal. These lesions naturally interfere with the alimentary function, more so, perhaps, than structural diseases in other organs, unless that disease is very considerable. We have already noticed ulceration as a variety of structural disease, and also thickening of the coats of the intestinal canal. This thickening constitutes a state of stricture, which may exist in the stomach, but more particularly in the intestines. Those persons who have labored under chronic or sub-acute gastritis, frequently occurring, are apt to have their stomachs ultimately thickened; and gastric dyspepsia, unrestrained by treatment, and re-excited again and again by stimulating food, is apt to lead to this result. In the stomachs of drunkards there is a thickening of the submucous coats, and the muciparous glands are very much enlarged and hypertrophied. When this thickening affects the central portions of the stomach, it sometimes produces no very remarkable symptoms. The most common effect to which this thickening gives rise at the pyloric end, is a difficulty in the passage of the food from the stomach into the duodenum, with painful feelings, and indigestion. An individual, under these circumstances, will offer all the symptoms of scirrhus, and stricture of a malignant character, and this is not to be distinguished so much by the nature of the symptoms themselves, as by the progress and the change they exhibit. The obstruction to the passage of the food causes very painful feelings three or four hours after. If, on the other hand, the cardiac extremity of the stomach is affected (and this is a much more rare case), the oesophagus is not unfrequently implicated, and there is more or less difficulty in deglutition. There is likewise apt to be wind in the stomach, causing flatulence; and these accumulations do not readily escape, whether there be thickening or not. This occurs also in malignant stricture of the cardiac orifice. Stricture may also affect the intestines, as I shall mention afterwards.

I now advert to the general characters of *scirrhus of the stomach*. Scirrhus usually appears to commence in the submucous texture; but it subsequently invades the other textures. The symptoms of scirrhus are very uncertain, and depend very much on the part of the stomach which is affected. There is often pain and uneasiness complained of, and referred to some particular part; and with this, there may be symptoms of obstruction to the function of the stomach. When the disease is at the pyloric end, there is uneasiness, pain, nausea and vomiting, at a certain period after eating. When digestion is completed, and the food has to

be passed, then the resistance is felt. Again, with regard to the other, or cardiac orifice, there are symptoms of difficult deglutition, and there seems to be great constriction referred to the œsophagus and the whole throat, with a tendency to expel wind, without the ability to do so. Gastrodynia and pyrosis are present when the affection is at the cardiac end, but are less common than when it is at the pyloric end. Now these symptoms may arise from a stricture of a non-malignant character. They may arise from contraction of the canal, and the consequent obstruction to the passage of the food; therefore, to judge of the presence of scirrus, we must take other circumstances into account at the same time. The age of the patient must be considered. In most cases, it affects persons about forty or fifty years of age. I have occasionally seen individuals, as young as twenty or twenty-five, affected with scirrus. In scirrous affections of the intestinal canal, there is a remarkable complexion generally observed: a peculiar sallow hue of the skin, seeming to arise from a kind of anaemia, or deficiency of blood in the whole system, together with a kind of cachectic appearance; and after the disease has existed for some length of time, this cancerous hue becomes very marked. Then, again, we judge by the permanency of the symptoms. They are much more permanent in scirrus than in common stricture; for, although common stricture may be a permanent affection, it is liable to be aggravated by temporary causes, such as indigestion, and various articles of improper food. But in the case of cancer or scirrus, where the disease is once established, there is a tendency gradually to increase—a progressive tendency, which would confirm the suspicion that the affection is cancerous. There is, likewise, more marked emaciation observed in scirrous affections, than in any other disease, and this becomes a chief means of distinction. There will be found, in connection with scirrus, in by far the greater number of instances, an appearance of swelling in the region of the stomach, on careful examination. The symptoms of obstruction do not go on long, without the cancerous mass accumulating to such an extent, as to form a perceptible tumor in the region of the stomach. This may be felt in several situations; the most common being between the epigastrium and the hypochondrium. It is when it is seated at the pyloric end, that it produces the symptoms I have already alluded to; pain, distress, and vomiting some time after taking food. On careful examination, when the patient's stomach is free from food, there will be found to be a resisting point, generally between the umbilicus and the right hypochondriac region. Sometimes, the tumor is immediately over the descending aorta, where it occupies the lesser curvature, at the posterior part of the stomach, and it has, in some such cases, been mistaken for aneurism. A pulsation may also be felt here, which is communicated upwards and outwards. In aneurismal tumors, the pulsation exists on all sides, whereas here it only extends upwards, or in a direction upwards and outwards. Then, as I said before, this swelling, in scirrus, will be attended by various symptoms of chronic dyspepsia, and of obstruction to the passage of the food, three or four hours after eating; and this, in conjunction with constitutional symptoms. When at the cardiac orifice

there is, then, uneasiness immediately after taking food, cardialgia, pyrosis or waterbrash, and constriction of the œsophagus. There are also symptoms present, similar to those we find in the more aggravated forms of dyspepsia; frequent vomiting of various matters, sometimes merely food, with a little mucus and bile mixed with it; but, after a while, a black matter is thrown up, something like coffee grounds. This appears to be blood in an altered state; but sometimes haemoptysis occurs, and blood itself is vomited. This constitutes one of the most distressing symptoms, and, if very severe, it occasions the death of the patient by the inanition it produces. The vomiting is exhausting, both from the quantity of matter brought up, and from the efforts made. Do not, however, suppose that this is always present in cancer of the stomach; cancer of the stomach sometimes exists without any vomiting, or other distressing symptoms, being produced. I have myself had two or three cases of this kind. Vomiting, distress, and so forth, are connected with diseases affecting the orifices, involving the pyloric or the cardiac openings. Remember, too, that the symptoms of scirrhous of the stomach may resemble those of either of the varieties of indigestion I have mentioned. Such, indeed, is the form in which I have seen it developed in the highest degree. It is, here, connected with atonic dyspepsia, a want of power of the organs generally. The tumor, or swelling, when considerable, likewise produces other effects. When at the pyloric end, it very frequently presses on the adjoining parts, as the gall ducts, and hence may produce jaundice; it embraces in its cancerous claws the curvature of the colon, causing stricture of the intestine at this part, and, consequently, constipation. It has been known to involve the veins of the abdomen, and to give rise to dropsy.

The causes of this disease are involved in some obscurity; there is, however, little doubt but that the various exciting causes of indigestion will, in persons hereditarily predisposed, or otherwise in a way we cannot define, develop cancer and scirrhous of the stomach. Habitual intemperance, mental depression, and particular trades—such as that of shoe-makers, from the posture they sit in—such are the exciting causes of the gastritic form of dyspepsia, a low kind of gastritis; and it is in such persons, principally, that the cancerous diathesis seems to be developed. There is but little doubt, that inflammation, long continued, or frequently repeated, will develop scirrhouss disease in persons of a bad constitution.

*The treatment of structural disease* of the stomach will be very similar to that adopted in the different varieties of dyspepsia, modified according as one or other of the above-mentioned symptoms become developed. One reason why I dwell more fully on the treatment of functional diseases, is, that these latter are always more or less predominant in connection with structural disease. They are not to be distinguished one from the other, generally speaking; the treatment, applicable to scirrhouss and structural diseases, is that available in gastritic dyspepsia, or chronic gastritis. When there are symptoms of obstruction to the passage of the food, it is at once suggested to us, that lighter aliment ought to be taken; the quantity used at a time should be small, and not in too compact or

solid a state. It should be liquid or gelatinous ; jellies and broth are useful. It is also necessary to aid the digestive process by nutritive injections ; as the stomach cannot contain enough food to nourish the body, it is found useful to inject broths and gruel, in sufficient quantities, into the rectum daily. When the pain is severe, of an inflammatory character, and is accompanied by great tenderness soon after eating, local depletion and blisters may relieve it ; and when of a more permanent or specific character, then narcotics are necessary. The narcotics that answer best are : conium, henbane, aconite, stramonium and belladonna. Opiates should be our last resource : for, although more powerful than any others, they derange the health more, and constipate the bowels. The symptoms, too, are sometimes relieved by such remedies as I have stated to be useful in chronic dyspepsia : such as nitrate of bismuth, and nitrate of silver, in small doses. The vomiting, as well as the pains, may be relieved by a little hydrocyanic acid ; salines and alkalies are sometimes useful. It is necessary, in these cases, as in dyspepsia, to get the bowels regular ; and, therefore, we should use aperients, and even mercury in its mildest forms, to unload the liver.

*Organic and structural diseases* of the *intestines* come under the same remarks as the corresponding diseases of the stomach, whether non-malignant or malignant. The non-malignant may arise from the different causes I have mentioned : a thickening of the submucous coat, which may increase to such an amount as almost to obliterate the canal. When obstruction takes place, then the mischief and disturbance begin. This thickening or deposit has a tendency to contract. The stricture does not take place all at once ; the patient may live for years, the stricture meanwhile gradually accumulating, so as to reach its greatest degree : the tissues gradually contract, and thus diminish the canal : the patient, by degrees, finds the necessity of taking food of particular kinds, so as to keep the bowels in a relaxed state, and the mode of life is adapted to this remarkable change of structure. It is just the same in structural disease of the heart. Structural disease may, likewise, consist in adhesions from false membranes, deposited on the surface of the peritoneum, and hernia and intussusception may be thus formed. The inflammations, whether of the acute or chronic character, that originate all these changes of structure, very commonly commence in the colon, the rectum or the ileum. It is necessary to be very guarded against attacks of enteritis, to subdue the pains, and keep the bowels in a free state for some time afterwards ; because the causes of obstruction and stricture may, at any time, be developed from obstinate constipation, and its consequences—colic and inflammation. Remember what I said with regard to colic. When scybala accumulation takes place above the stricture, it is difficult to get rid of it ; though, so long as the feces pass this point, and the peristaltic action is complete, they may be rejected : but, should accumulation take place, then there is obstinate obstruction and colic, ileus and inflammation, terminating in perforation, exhaustion and gangrene. Ulcers are frequently observed in the neighborhood of the strictured parts. There is a tendency of the ulcers to form fresh passages by perforation, and

sometimes fatal consequences have ensued from this cause. Fistulous abscesses have communicated with the external parts, and an artificial anus is thus produced. Sometimes, the matter does not empty itself into the peritoneum, but it gets between the muscles of the abdomen, or under the integuments, forming intermuscular abscesses, extending over a large surface. Now, malignant disease, or scirrhous, of the intestines, is, generally, gradual and progressive; when once established, it grows independently of the application of exciting causes, and consequently the symptoms gradually increase, and become more aggravated. Tumors may often be found in various parts in connection with this disease. They are, however, found in other states, in the region of the intestines; and we often meet with large tumors in the right iliac region, as also in the left, which are not removed when the bowels are put into a quiet and natural state; the constipation is removed, but the tumor still remains, and is often the seat of great uneasiness; and this appears to depend on a considerable thickening, not only of the intestine itself, but also of the adjoining parts. In the case of scirrhous, the tumor is of a more definite character, and harder, and is felt more distinctly. In scirrhous of the rectum, the evacuation of the faeces is rendered more difficult. The treatment of stricture of the intestines is suggested, in some measure, by that of the stomach. It is of importance not to administer too much food at one time; the diet should be restricted to small quantities, frequently repeated, chiefly of milk, containing mild farinaceous food, and a small quantity of animal matter, neither much in bulk, nor too stimulating in quality. It is of the greatest consequence to keep the bowels free, and to maintain the feculent matter, throughout the intestines, in a slightly liquid state. The difficulty is to keep the stools in a proper state, and to give medicines that do not irritate much. The medicines which answer best, are: castor oil, sulphur, sulphate of potash, and the milder forms of pills: such as, rhubarb, with a small quantity of gamboge and colocynth, diluted with soap, and combined with a little conium or henbane, and a small quantity of blue pill now and then added. It is often necessary to aid the operation of all these, by injections. These medicines should be taken habitually: it is not enough to take them occasionally, but they should be daily administered. Some kinds of food are found greatly to assist the bowels. Scotch porridge, taken at night, will have this effect; and barley gruel, taken freely as an article of diet, instead of weakening, will be found to strengthen, the stomach. Confection of senna is also a very good medicine in these cases. In stricture, or obstructions from thickening, which are not scirrhouss, great relief is often obtained from repeated doses of mild mercurials, which, if they do not remove the obstruction, certainly seem to check its progress. When a person has had a bad attack of constipation, the bowels are very apt to be out of order for some time afterwards; obstructions are apt to occur from time to time. The patient, here, requires the gentle influence of mercury, repeated at each recurrence of the attack. In the case of scirrhous, the advantage from the use of mercury is not so great, and it is necessary to use narcotics.—*London Medical Times.*

## INFLUENCE OF LIGHT ON VEGETATION.

PHILOSOPHERS have long ago determined that light consists of vibratory, undulatory, or wave-like movements, which take place in an ethereal medium existing everywhere. It is a more recent discovery that these vibrations are the first origin of the vegetable world. In the work to which I have alluded, I have given the details of this most interesting connection. Out of a limited number of ponderable substances, such as carbon, nitrogen, hydrogen, oxygen, and a few others, all kinds of organized structures are formed, and there is an extensive machinery to collate and group together these different bodies. Light in itself can produce as many different effects as there are possible combinations of color, for each one of its rays has peculiar powers of its own, and it is also attended by other invisible and imponderable principles which have their modes of action. An organized structure of a given kind is therefore the result of the operation of many of these forces, and is an expression of the aggregate action. In the full development of a perfect tree there has been expended a measured quantity of forces of light or of heat, and the organized mass as it stands before us, in the product of those forces, is the resultant of millions of vibrations of the luminiferous ether, which have acted upon ponderable atoms ; vibrations, which have stood in a certain relation to each other, as the symmetry of the vegetable parts indicates. In the operations of human agency something of the same, though of a grosser kind, may be seen. We have not, it is true, the power of calling into existence, or of determining in an enduring shape, or of giving an embodied form to material atoms ; but in the same manner that nature, operating through ethereal undulations, creates the various forms of vegetable life, there has been committed to us a control over those grosser undulations which move in atmospheric air, and constitute sound. The imagination, the genius of the great masters of music, have already grouped together combinations of these waves, which are destined to an earthly immortality ; combinations, which, when once heard, leave their indelible impression on the memory, and are to us an embodiment of symmetry and harmony. These ideal creations which exist only for the mind, are analogous, in very many points of view, to those more tangible creations which are formed by ethereal waves, and which nature has reserved in her own hands. The symmetrical or beautiful forms which are transmitted to the brain by the eye, appeal at last to that same, that common principle which receives melodious or harmonious sounds transmitted by the ear ; and the creations of human genius, whether they be expressed in the language of music or painting, whether they are heard in the cathedral or seen on the canvass of Claude Lorrain, give us pleasure, because their final impression is made on a mathematical organ, which is so constructed as to appreciate whatever is symmetrical in position, whatever is graceful in figure, whatever is harmonious in movement.

From this point of view, therefore, I look upon the vegetable world as an embodiment of the action of ethereal agents. A tree, when

covered with blossoms in the spring, or laden with fruit in the autumn, is a resultant of the play of those active forces which have been emitted by the sun; an expression of what has been done by vibratory movements operating on ponderable molecules. As soon as the young plant has exposed itself to the solar beam, growth rapidly begins to take place, and organized matter to be condensed from the air, and now a green color is developed, and the stem elongates, and leaves are put forth. In carrying forward all those multiplied operations which have ended in these events, its leaves and its stem have gone upward in search of light—light which has symmetrically arranged their parts and furnished their substance. But these general views are far from giving us an accurate idea of the forces that have been expended or the motions which have been executed in producing the result we contemplate. A forest tree, from its magnitude, rising perhaps a hundred feet from the ground, and spreading its branches over hundreds of square yards, may impress us with a sense of sublimity; a section of its stem might assure us that it had lived for a thousand years, and its total weight could only be expressed by tons. An object like this may indeed call forth our admiration; but that admiration is expanded into astonishment, when we come to consider minutely the circumstances which have been involved in producing the result. If we conceive a single second of time, the beat of a pendulum, divided into a million of equal parts, and each one of those inconceivably brief periods divided again into a million of other equal parts—a wave of yellow light during one of these last small intervals has vibrated five hundred and thirty-five times. And now that yellow light is the agent which has been mainly involved in building up the parts of the tree, in fabricating its various structures, and during every one of a thousand summers, from sunrise to sunset, the busy rays have been carrying on their operation. Who, then, can conceive, when in the billionth of a second such enormous numbers of movements are accomplished, how many have been spent in erecting an aged forest oak? Who also can conceive the total amount of force employed, from century to century, in arranging the vegetation of the surface of the globe?

I therefore regard a planetary body like the Earth, in its orbital revolutions round the sun, as a predetermined focal centre, on which the emanations of that star shall be expended, first in producing vegetable organization, and finally in lending their aid to the evolution of animal intellect. The forces which Newton revealed, as urging such a body forward, or causing it to glide in its elliptic path, appear only as an incidental though essential part of the mechanism of the universe, the interest of which disappears in that higher interest which must attach to whatever stands in intimate connection with organization and vitality. Those many-colored luminous wavelets, which are ceaselessly crossing the interplanetary spaces, go forward on an appointed errand, and sooner or later discharge their final task; nor are the planets in the solar system a colony of opaque globes rotating without purpose or end around the central attractive mass. The solar system is an orb of

movement and light, full of vibrations of every tint, visible and invisible, which here and there envelops and enshrouds revolving points of organization and life.—*Dr. Draper's Introductory Lecture.*

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#### THE PUTREFACTIVE DEGENERATION OF POTATOES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—From the peculiar appearance and extent of the disease, which has in many instances destroyed the present annual crop of one of our most valuable vegetable productions—the potato, I have been led, from motives of curiosity and the desire of preventing a like recurrence, to examine evidence which I have gleaned from various sources, and such as I have been able to obtain from personal observation and experiment; hoping to find sufficient concurrent testimony to discover the cause, and furnish a remedy for its prevention in future years. It first became known along the alluvial districts of the Mohawk and its tributaries, but has since been found to extend as far east as the western counties of Maine; although to the east of the valley of the Hudson, it has proved less destructive, having only in a few instances destroyed the entire crop of a field. Farmers have generally thought that the potato thrived best on low or alluvial soils; and by tracing facts relative to the disease, it has been found that those cultivated on low grounds bordering on rivers or streams subject to inundation and the wash of the highlands, are those which have been the most extensively affected—while those planted on the hillside, or table land, are of superior quality and perfectly free from disease. And if there are no exceptions to the statement, and I have heard of none, our conclusions would be that the cause pertained to the atmospherical vicissitudes peculiar to the season, from the following reasons. First, potatoes have in former years yielded larger and fairer crops when planted in damp soils: secondly, they are less subject to the attacks of worms, and are only affected by severe droughts. And from the testimony of farmers during the early part of last season, the prospects for the potato crop were unusually fair, and they continued to thrive until the first of August, when other kinds of vegetation were apparently recovering from the drought, and then the vines first gave signs of premature decay. The potatoes, however, for some time after the decay of the vines, continued apparently sound, and the farmer anticipated a large crop, attributing the blight of the vines to the early ripening of the potatoes, from the favorable character of the season. By following the usual custom of gathering them from the highlands as they became ripe, for daily consumption, and the early market, the disease had destroyed, in many cases, a large proportion of the lowland crops before they were known to be diseased; and when discovered, the novel character of the disease entirely baffled all attempts for the preservation of the remainder. But from the knowledge which we are able to obtain of its history and pathology, we may protect future crops when subject by like circumstances to a similar attack.

The disease, so far as I have been able to discover, is merely a putre-

factive presentation, predisposed by the rapid growth of the potato during the early part of the season, causing a predominance of the watery constituents; and the exciting cause appears to have been the continued moisture during the latter part of the season, with a warm temperature which served to separate the particles, and caused them to act freely upon each other. The poisonous principle ascribed to them is probably the solania of Dr. Julius Otto, who was induced to make an investigation, from death occasioned among cattle by feeding on diseased potatoes, and he obtained the above principle as the result of his inquiry.

As soon as the disease became known in this vicinity, I obtained specimens of the potato in its various stages of decay, from different fields, for the purpose of experiment, and I found invariably that the putrefactive process became arrested in those which were but partially affected, when the potato was placed in a situation free from moisture; but when gathered and thrown into heaps, according to the usual practice, the infection soon became general, and the presence of carburetted hydrogen became sufficiently evident to the senses. The animalcule supposed by some to be the original cause of the disease, did not appear until generated during the latter stages of the putrefactive process. From an analysis of potatoes obtained from lowlands, there was usually found a predominance of the watery constituents: and when the opposite obtained, they were less liable to become infected by situation.

Should the above theory prove true, a secure protection would be obtained by having the land properly drained to prevent the water from standing in pools, after the ground has become saturated, or by the seasonable use of clay or lime. Yours respectfully, AGRICOLA.

Derry, N. H., Nov. 23d, 1844.

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#### TREPHINING.

[Communicated for the Boston Medical and Surgical Journal.]

MR. WEBSTER, a man about 33 years of age, of temperate habits, a tolerably strong constitution, and of an even unirritable temper, was on the 20th Sept. last, kicked and stamped by a horse in his stall, wounding and bruising him severely on every part of his body and limbs; his fibula was broken, and the corks of the horse's shoes penetrated the integuments of his head in three places, laying the skull bare for an inch in each. In one of these, at the superior extremity of the occipital bone, the heel cork penetrated the skull, driving in a piece of bone just the size of the cork, about one sixth of an inch. No fracture extended either way from it. The piece remained firm, and it was impossible to introduce the sharpest-pointed instrument between it and the skull. Mr. W. was in a comatose state, without stertorous breathing, about one hour; when it was resolved to trephine to raise the depressed bone. During the denuding of the surface, he bled freely, and when about half the depth of bone had been penetrated by the trephine, he manifested signs of sensation, and a partial knowledge of his condition. The operation was completed, and a

depressed portion of the inner lamina raised, which was depressed half an inch by a fracture extending from the depression of an uncertain extent (as it was deemed imprudent and without benefit to examine). After twelve days Mr. W. commenced doing business as usual, except by the use of crutches in consequence of lameness.

*Query.*—Was the danger of inflammation of the brain from the spicula of bone driven in, or from any other considerations, sufficient to justify the operation, without the symptoms of compression more fully manifested? Should more time have elapsed before proceeding to operate, if done at all, considering the lacerated and bruised condition of the patient?

R. C.

*Elizabeth, Joe Davies Co., Ill., Dec., 1844.*

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#### CALOMEL AND COLD AFFUSION IN TYPHUS.

[THE treatment of typhus fever described below is that pursued by Dr. Joshua Burgess, of London, who relates it in a recent number of the *London Lancet*.]

The access and progress of typhus is slow, and the predisposition in the constitution must be strong, and of long duration; and the last has probably more influence than any contagious influence whatever. The elements of disease have been accumulating through the media of bad or low diet, bad clothing, intemperance, exposure, malaria, anxiety,

"————and the thousand natural shocks  
That flesh is heir to"—

till some slight and accidental disturbance, either gastric, hepatic, intestinal, or cerebral, calls them into action, and the whole train of phenomena which constitutes the typhus type becomes developed. In the milder cases, the febrile paroxysm is of the remittent character, in its worst forms; when it becomes continued, the arterial, venous, capillary, and exhalant vessels are highly congested; and only that the indistinctly-marked stages of rigor or collapse are succeeded by febrile accessions of an intense character, the state of comatose lethargy so characteristic, may be justly compared to a living death.

In this condition, when the vital powers have become nearly subdued, neither mild nor temporizing remedies will rouse the slumbering functions: an impulse must be speedily obtained, directly, through the vascular system, and indirectly, over the ganglionic and cerebral functions; this is best obtained by large doses of calomel, aided and succeeded by cold affusion.

Calomel, in large doses, acts proximately as a sedative, without losing any of its well-known valuable qualities as an alterative, upon the absorbent and glandular structures. The first good it produces is, sound, calm, undisturbed sleep, to which the patient has been long a stranger, during which the ganglionic, absorbent and glandular systems are silently invaded by its alterative agency; the intestines become filled with secre-

tions, ready to be removed by any mild cathartic, (e. g. small doses of neutral salts), exhibited periodically and regularly, to make them potent; the dose of calomel should be renewed every night (without any other medicine, only the neutral salts, in solution with infusion of senna and minderer's spirit), and repeated till the functions approach their normal state. The cold affusions over the naked surface of the body are to be practised daily, by throwing over it, while in a sitting posture, a bucketful of cold water, during the acme of the febrile paroxysm.

The breathing becomes more free, and the stertor, so frequently present, gradually subsides; the pulse, from having been oppressed and feeble, yet quick and wiry, becomes compressible, free, and bounding, increased in volume, and diminished in frequency; the peculiar expression of countenance, now collapsed, anxious, and cadaverous, with a cold, lead-like, lack-lustre expression, the eye injected, and the sardonic grin and incoherent mutter quivering on the lip, also subside; the subtultus tendinum and picking of the sheets also cease, and a profuse sweat pervades the surface, the skin becoming relaxed, soft, and elastic, and its temperature gradually restored to a uniform healthful and natural condition.

If cold affusion be supposed to have no specific agency—which I nevertheless think it possesses—in stimulating and strengthening the capillary and exhalant vessels, and the vascular and nervous systems, thus giving tone to the function of the heart, equalizing the circulation, and removing congestions, it at any rate possesses that quality which has already been so successfully excited in the gastro-enteritic systems—of washing away and effectually removing morbid secretions—of opening the mouths of the exhalants, and restoring transpiration, so long interrupted, and which very probably has acted as a remote cause of disease.

One of the phenomena attending the results of this practice is, the wonderfully increased action of the absorbent system; the absorbents appear to become rapacious and greedy, and when, from their previously impaired state, effusions or morbid deposits in the tissues have taken place, this increased action becomes singularly developed in their rapid removal.

The *ascaris lunbricoides* very commonly infests the intestinal and alimentary canals in typhus, as also in the infantile fever of children, when the slimy secretions are in both instances characteristic of the attendant disease, and in both of which their expulsion, or creeping away, is the harbinger of recovery.

The mercury remains too short a time in the system to produce any specific irritation, or hypercatharsis; the intestinal canal, having long been torpid and insensible, renders the calomel comparatively inert as a cathartic, covered as it and the whole of the alimentary passages are with slimy mucus, and its sedative influence on the ganglionic system passively producing profuse secretions, the passages become a vortex, rendered potent by the Epsom, Glauber's, or other neutral salts, the natural sensibility of the passages being only perfectly obtained after the necessity has ceased for the administration of the large doses of calomel, and the whole quantity of the calomel taken has been detected again in the stools ("partly as sulphuret of mercury"), and from its difficulty of

solution no doubt can exist of its being in this state wholly rejected in the stools, although in its progress it has produced decided and important results.

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THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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BOSTON, JANUARY 1, 1845.

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*Lectures on the Theory and Practice of Medicine.*—Within few days, the publishers, Messrs. Barrington & Haswell, of Philadelphia, have presented the medical public with a third edition of the celebrated *Lectures on the Practice of Medicine*, by John Bell, M.D., and William Stokes, M.D. The first gentleman is known for his profound attainments, and the accuracy and ability which he brings to bear on all subjects on which the powers of his mind are exercised. The other, a resident of the city of Dublin, has rarely been excelled in writing on the practice of medicine. When the former editions were issued, a heartfelt pleasure was expressed at their appearance; and we have equal gratification in seeing that they were appreciated by the medical public—the evidence of which is certain, from the circumstance that this improved and enlarged edition is required to meet the demand.

These acceptable lectures are in two large, compactly-printed octavo volumes; one contains 728 pages, and the other 802. Probably all the trade in Boston are furnished with copies, where our country friends can send their orders. Messrs. Ticknor & Co., Saxton & Peirce, Jordan, Wiley, &c., have them, together with an excellent supply of medical works in general.

*Medical Education—Dr. Lee's Introductory.*—On assuming the duties of the chair of General Pathology and *Materia Medica* at Geneva College, western New York, Dr. Charles A. Lee, the incumbent, as is customary on such occasions, gave an introductory lecture. He selected for his subject, medical education—which, though far from being a new topic, was handled by him with such originality and strength as to have elicited the highest marks of approval from a brilliant class, who published the whole at their own expense. Dr. Lee excels in the discussion of questions that involve great principles. In treating of medical education, an opportunity was afforded for exhibiting the leading features of a well disciplined mind. The lecture was a happy effort, and the subject was brought forward under circumstances favorable to the dissemination of principles, on which the value of medical character, or at least of medical qualifications, depends. Those who heard it, enjoyed an intellectual entertainment; and all who have the pleasure of reading it, will discover that the author thinks and acts with feelings of responsibility, both to society and to his Maker.

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*General Principles in Medicine—Dr. Childs's Introductory.*—Dr. Childs gave an introductory on this subject, on taking the chair of Ob-

stetrics and the Diseases of Women and Children, at Willoughby University, which is characterized by his usual vigor of thought and comprehensive views of the principles he is successfully teaching. The doctor gives us all a back-handed blow, which, in a measure, is deserved. Hear him. "But on my own profession I would charge the bulk of the sin of giving currency to medical quackery. The community have seen the want of principle displayed in the regular profession; they have seen the physician prescribing by routine—often thwarting the recuperative efforts of nature, and seeking a cloak for his ignorance in the formidable technicalities of his craft; then, sickened with the empiricism *within* the profession, they have turned to the bolder ignorance *without*, wisely preferring the chance of relief from a *professed quack*, to the certainty of death, *secundem artem*!" We really don't know which party will make the author governor for this. It pleases, in a degree, both the regulars and irregulars—perhaps upon the principle that misery loves company.

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*Travels of a Surgeon.*—Dr. F. H. Hamilton, of the surgical chair in the Medical College of Geneva, having lately returned from Europe, appears to be filling up leisure hours by giving graphic accounts of his travels. In the Geneva Courier of December 10th, he has described his passage of the Alps at Simplon, with thrilling effect. If the doctor would construct a guide-book for American medical travellers in France, Italy, England, Scotland, Ireland, &c., in which objects most worthy of their notice, as physicians, were pointed out—in location, the way of obtaining access, and the expense that would probably follow from a sojourn of six months to a year, it would be a popular affair.

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*Teeth Almanac.*—What has an almanac to do with the teeth, or teeth with an almanac? And yet by looking over the miniature pages of a little work with this title, just published in Boston, sage advice may be found in regard to their preservation. The author is abroad in the world another year with his waistcoat-pocket prompter, which tells the phases of the moon, the high and low tides of the sea as well as of the affairs of men; and, finally, ingeniously answers the great end of the proprietor by showing the public the location of his office.

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*New Surgical Instruments.*—By referring to page 425, in last week's Journal, it will be seen that Dr. Smilie's inventive genius is still in a state of activity. Both the seton and the post-mortem needles, which he contrived some time since, are now extensively manufactured by the surgical instrument makers of this city, and admired for their utility. He may have been equally successful in the contrivance of the strabismus knife and probang. His own description is better than our own would be, and his letter, therefore, although not apparently designed for publication, was printed in full. Model instruments, accompanying the note, are at the service of cutlers who may wish to make them. Dr. Smilie is certainly without a competitor, at present, in devising useful, convenient, economical surgical instruments. The Medical Society of New Hampshire should make some acknowledgment for these beneficial ef-

forts of one of its members. The late Dr. Luke Howe, also of New Hampshire, was remarkable for his mechanical tact and skill in making important improvements in the same line, whom the Society should have honored with a gold medal; but we have no recollection that there was even a resolution to thank him for the benefits he had conferred both on surgeons and patients.

*Office Furniture of the Physician at the West.*—Dr. Drake, in his Introductory Lecture, at the present term, in the Louisville Medical School, when alluding to the principles which should guide the young student after taking his degree, uses the following language, which we trust is not a literal description of anything he has seen in his late travels.

" My firm opinion is, that one of the causes which retard us, in raising our profession in the West and South, to an excellence which at present seems almost hopeless, is the style in which our offices are fitted up and kept. Who can read and think, with method, or sound logic, while everything around him is dirty and disordered? His little stock of furniture displaced, as if a riot had just passed away; his books scattered on chairs, tables, and the greasy medicine shelves; in his book-cases, volumes of different sets mixed together, some lying flat, and some, like the ideas of their reader, up side down; his skeleton exposed, and joint after joint torn off; his few injected preparations, unvarnished as my narrative, and worm-eaten as the books of an old doctor; his medicines unlabelled, and thrown into a chaos, as great as a treatise on the *Materia Medica* in the 14th century; bundles untied, and bottles left uncorked, or stopped with plugs of paper; dead flies in the ointment within his jars, while others are wading through that which has lain so long spread over his counter, that their feet are blistered by its rancidity; his spatulas foul and rusty; his scales tied with strings and balanced with pieces of paper; his mortar about as clean as the ancient Kentucky hommmony block, which, in the same day, contained the food of the family, and of the family cow and horse, as it stood convenient to all the parties, on neutral ground, near the door of the cabin; his surgical instruments oxidated and rusting away, like his mind; his study table, covered with loose papers and medical journals (even the *WESTERN*) with their covers torn off; his walls overspread with a tapestry of cobwebs; his windows as opaque from the dust as the painted glass of an ancient cathedral; his foul candlestick standing all day on his lexicon, and his floor spotted over with the blood of his surgical patients and his own tobacco juice!

" The human intellect cannot act when thus encompassed. Ideas will not arrange themselves; nor will their foul surfaces cohere. The scene re-acts upon his mind, and a chaos within rivals that without."

*Smallpox and Vaccination.*—J. Curtis, Esq., one of the Parish surgeons of St. Pancras, England, gives the following among other results of his observation.

" With respect to the power of vaccination, I am of opinion that it modifies smallpox, if performed at any period previous to the appearance of the eruption, and probably even a day or two afterwards. Therefore, whenever an opportunity occurs, I always vaccinate persons infected with

smallpox, even though the eruption shall have begun to make its appearance.

"In the spring of the present year I had fifteen cases of smallpox among my parish patients. One was sent to the Smallpox Hospital, and therefore must be left out of the calculation. Of the 14 remaining patients, 1 was 30 years of age, the others under 8 years; not one had been vaccinated previous to infection by smallpox; 5 were vaccinated after infection, and had the two eruptions going on together; and 1 only out of the 14 died.

"Upon looking back to the account kept of my parish patients for the last 12 years, I find the mortality in cases of smallpox among the unvaccinated to be about 1 in 6.

"Supposing my calculation of the proportion of the population vaccinated to apply generally, and also Dr. Gregory's account of the relative mortality of the vaccinated and unvaccinated, the relative chances of death from smallpox of the two classes may be stated thus:—

"Of 300 of the population, 200 are vaccinated; 100 take smallpox naturally, and 20 die.

"Of the vaccinated, an equal number, or 100, take smallpox, and there die 10, being 5 per cent. of the vaccinated. Therefore, the vaccinated have six times the immunity from smallpox than the unvaccinated enjoy.

"I have seen many cases of smallpox after vaccination, but very rarely a death from that cause; in fact, many of these cases required no medical treatment at all."

*Vaccination in Italy.*—Count Palfy, the governor of the Venetian provinces, has communicated to Mr. Tatum, the English vice-consul at Venice, his determination to order an annual payment of fifty florins (about £5 sterling) to be made to the Royal Jennerian and London Vaccine Institution, on condition, however, that there be sent out two packets of the vaccine lymph yearly, the one to arrive in the month of March and the other in October. The intention is to extend vaccination as much as possible in this part of Italy, where it does not at present appear to be well understood; and it is considered desirable on that account to obtain, from the original source, periodical and abundant supplies of the lymph for distribution. It has been found that the matter, as commonly made up between flat glasses, seldom succeeds in this country, and it is requested that the supplies sent may be in *hermetically-closed bulbs*. The vaccine operation very frequently fails in Venice, and it appears very probable that during the *sirocco*, or prevalent south-west wind of this country, the constitution is not in a state to receive the impression, and as this wind is characterized by both heat and damp, it may find its way between the flat glasses, and destroy the effect of the lymph. The same cause may account for what these medical men generally assert, namely, that they *cannot depend on matter* which has been *several times transferred from subject to subject*, and hence their need of fresh supplies.—*London Lancet.*

*Treatment of Scarlet Fever.*—At a late meeting of the Westminster Medical Society, the subject of scarlet fever and scarlatinal dropsy was

discussed. Dr. Clutterbuck regarded scarlet fever as the effects of a specific poison, which would go on for a certain time and then generally subside by themselves. The duty of the practitioner would be to watch the symptoms, and to control them if unusually violent. It generally mattered little what was done; some mild saline, and keeping the surface cool, by sponging or cold air, was usually all that was required. If inflammation of an important organ came on, it must be treated by measures proportioned to its severity. Dropsy from scarlet fever was not common, and when it did occur, would not require active treatment. It was the result of inflammation of the skin and subjacent cellular tissue, and affected also internal organs. Occasional purgatives and mild diuretics were only required in the great majority of cases. If the tongue were coated, the pulse frequent, the skin hot, then very slight antiphlogistic treatment might be employed, but bloodletting never, unless there were inflammation of some important organ.

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*Medical Miscellany.*—At Toronto, Upper Canada, the exercises of the College were recently suspended in consequence of the sickness of the pupils.—Dr. G. P. Judd holds the appointment of minister of foreign relations under the King of the Hawaiian Government.—An *itch institution*, for the cure of that disease, has been opened in London, which has been the cause of angry feeling in the neighborhood; owners of estates near by call it a nuisance.—In Northern Abyssinia nearly all the inhabitants, it is said, are afflicted with tape worm. Although the kosso, the flowers of a native tree, expels them, it is necessary to resort to that antidote once in about two months, to maintain health.—Dr. Broughter, in some way identified with the anti-rent troubles in Western New York, has been committed to jail.—The village of Cadiz, Ohio, has been sadly afflicted with erysipelas.—Dr. Ellsworth, of Hartford, Conn., recently amputated an arm near the shoulder, under peculiar circumstances.—A Dr. Ewer, of Ulster Co., is lecturing successfully in New York against quackery. Why not visit Boston?—Dr. John Beadell, who was sent to the State Prison in 1842, for counterfeiting, has been pardoned out.—Another attempt is to be made to reprint the London Lancet in New York, at \$5 a year, in monthly numbers.—A writer in the London Lancet manages blisters as follows:—The common empl. canth. is spread very thin on paper or soft linen, with a few drops of olive oil rubbed on the surface of the spread blister. He finds this mode far preferable to that of spreading thick on leather, and covering the surface with powdered cantharides.

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**MARRIED.**—In New York, Dr. G. F. Huntington to Miss F. Cleland.—Dr. Samuel Clark, of New Providence, N. J., to Miss Mary Noe.

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**DIED.**—At Sturbridge, Mass., Dr. Abishai Howard, 71.—In Baltimore, Dr. Henry Miller, found dead in his yard—a supposed case of apoplexy.—At Vienna, Dr. Ritter Von Scherer, the celebrated Professor of anatomy and physiology.

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Number of deaths in Boston, for the week ending Dec. 28, 44—Males, 18; Females, 26. Stillborn, 1.  
Of consumption, 9—croup, 3—teething, 2—pleurisy, 1—disease of the brain, 1—lung fever, 3—infantile, 3—scarlet fever, 1—typhus fever, 2—intemperance, 1—hemorrhage, 2—debility, 1—canker in the bowels, 1—inflammation of the bowels, 1—apoplexy, 2—accidental, 1—cholera infantum, 2—cancer, 1—dropsy on the brain, 1—worms, 1—tumor, 1—fits, 1—sudden, 1—unknown, 2.

Under 5 years, 15—between 5 and 20 years, 7—between 20 and 60 years, 13—over 60 years, 4.

*A New System of Cranioscopy on a Scientific Foundation.*—Dr. Carus, whose rank as a physician and physiologist entitles everything which proceeds from his pen to respectful consideration, has recently put forward some new and interesting views, under the above title. They have appeared in the Medical Gazette, and Dr. Thurnam, of York, introduced the subject to the medical section of the British Association at its meeting in that city.

"He adverted to the recognized importance of a knowledge of the true signification of the size and form of the different elements, or distinct divisions of the brain or encephalon, in the study both of its healthy and abnormal manifestations; but expressed his opinion that the "phrenology" of Gall and Spurzheim had failed, as regards its details, in carrying a conviction of its truth to the minds of a great majority of those who, from their acquaintance with the anatomy of the brain and with general physiology, can be regarded as competent judges of the question. He contended, however, that the phrenology of these authors had been of great service in establishing some truths new to science, and in directing attention to the subject; but still thought that their phrenology may be regarded as holding very nearly the same relation to the true science, as in former days alchymy did to chemistry.

"He read several passages from Dr. Carus's discourse in support of the principal inferences of that distinguished physiologist.

"1st, That the encephalon (as shown by the comparative anatomy of man and other mammalia) consists primarily of three pairs of ganglia or nervous centres—viz., 1st, the *cerebral hemispheres*; 2nd, the *corpora bigemina*, or *optic lobes*; and 3rd, the *cerebellum*. That, as shown by the experiments of Flourens and others, the hemispheres of the cerebrum are connected with, and are indeed the organs of *perception*, the optic lobes of *general sensation* (feeling and the passions), and the cerebellum of the *will*, or voluntary power.

"2ndly, That the development of these elements of the encephalon, and the consequent vigor of their connected functions, is, within certain limits and under certain qualifications, indicated by the corresponding development of the three regions or vertebrae of the cranium, within which these three pairs of nervous ganglia are contained as within their proper skeleton—viz., the *frontal*, the *parietal*, and the *occipital vertebrae*.

"And 3rdly, That the development in different directions—viz., in height, width, and length, indicates different tendencies and qualities in these three great organs or divisions of the brain."

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*Cases of Intus-susception.*—Dr. Wm. Merriman related the case of a child who was taken suddenly ill, and appeared to suffer in the bowels; a good deal of purgative medicine was given without causing any stools: it died at the end of four days. On examination of the body, intus-susception was found, the cæcum, together with its vermiciform process and the ileo-cæcal valve, having passed into the colon.

Mr. Snow had assisted at the *post-mortem* examination of a child that died of a similar intus-susception, but to a greater extent, for the ileum passed into the colon as far as the commencement of its sigmoid flexure; the coats of the intestines were much swollen from congestion. He considered plentiful enemas, administered early, would be likely to remove these intus-susceptions situated in the large intestine.—*London Lancet*.